



CONCEPT

Connecticut Collaborative on Effective Practices for Trauma

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Family Partner

Grant

- \$3.2 million 5-year grant
- Awarded by the Administration for Children and Families
- 55 Applicants – CT 1 of 5 States Nationally
 - Selection based on existing foundation, clear plan, and highly qualified team
- Focus is two-fold
 - Enhance the Department's capacity to identify and respond to children who have experienced trauma;
 - Develop supports for staff experiencing vicarious trauma
 - Install evidence-based treatment (EBT) for children in child welfare system and the greater community

CONCEPT Partners

- Connecticut Department of Children and Families (DCF)
Regions, Research and Evaluation, Workforce Academy, Clinical and Community,
Child and Adolescent Development, Facilities
- CT Center for Effective Practice/Child Health and Development
Institute of CT (Coordinating Center)
- The Consultation Center at Yale University (Evaluators)
- Yale Child Study Center (CFTSI Developer)
- Judith Cohen, MD (TF-CBT Developer)
- Community Provider Agencies
- Family Partners
- National Child Traumatic Stress Network (NCTSN), National Center
at Duke University

Target Population

- Universal Trauma Screening of all DCF children
- Evidence Based Treatments available to eligible DCF children, ages 5-18
 - Outpatient clinics
 - DCF facilities
 - Solnit Center South (Riverview Hospital)
 - Solnit Center North (Connecticut Children's Place)
 - Connecticut Juvenile Training School (CJTS)

Proposed Evidence Based Treatments

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - ⦿ Short-term caregiver & child EBT for child traumatic stress
 - ⦿ Previous implementation at 16 outpatient clinics
- Child and Family Traumatic Stress Intervention (CFTSI)
 - ⦿ 4-session acute EBT (Berkowitz, Stover, & Marans, 2011)
 - ⦿ Prevent PTSD/child traumatic stress

Impact of Trauma

- **Terminology:**

- **Traumatic events** are shocking and emotionally overwhelming events that may involve actual death or threaten death or serious injury;
- **Traumatic stress** is the *reaction* to traumatic events that varies from minor life disruptions to severe and debilitating mental health symptoms.

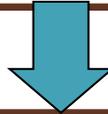
- **Statistics:**

- **71%** of youth under age 17 have reported experiencing trauma in past year (most 3+)¹
- **60-80%** of children served by CT DCF reported at least 1 traumatic event
- Children receiving TF-CBT reported they had experienced an average of **8 different types of trauma**

¹Finkelhor (2005)

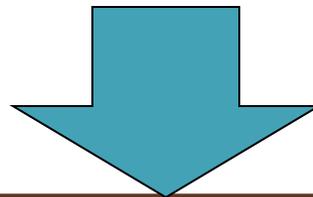
Adverse Childhood Experiences

- **Abuse and Neglect** (e.g., psychological, physical, sexual)
- **Household Dysfunction** (e.g., domestic violence, substance abuse, mental illness)
- **Exposure to Injury or Violence** (e.g., medical trauma, community violence, disaster)



Impact on Child Development

- **Neurobiological Effects** (e.g., brain abnormalities, stress hormone dysregulation)
- **Psychosocial Effects** (e.g., poor attachment, poor socialization, poor self-efficacy)
- **Health Risk Behaviors** (e.g., smoking, obesity, substance abuse, promiscuity)



Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational abuse

Long-Term Consequences

Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services

Data: Putnam & Harris, 2008 -OhioCanDo4Kids.Org
www.AceStudy.org, www.nasmhpd.org

DCF CHANGE INITIATIVES

PRACTICE MODEL

CROSS CUTTING THEMES

Family
Centered

Trauma
Informed

Neuroscience
of childhood

Community
Partnerships

Management &
Accountability

Workforce
Development

ACTIVITIES

ACF
Trauma
Grant

Differential
Response
Model

Family
Teaming
Model

Rightsizing
Congregate
Care

Foster Care
Fostering
the Future

Performance
Contracting &
Outcomes

CONCEPT Organizational Structure

ACF Program Officer
Joyce Pfenning

James Bell Associates
Technical Assistance

CONCEPT CORE TEAM

DCF: Marilyn Cloud, Dakibu Muley; **CHDI:** Jason Lang, Bob Franks, Kim Campbell;
Yale (Evaluators): Christian Connell, Cindy Crusto; **Family Representative:** Doriana Vicedomini

Planning/Steering Committee

CORE Team Members (above), Debra Bond, Maria Brereton, Kenneth Cabral, Judith Cohen, Dakibu Muley, Carrie Epstein, Meghan Finley, Hal Gibber, Francis Gregory, Jodi Hill-Lilly, Allon Kalisher, David Mandel, Steven Marans, Anne McIntyre-Lahner, Ken Mysogland, Terry Nowakowski, Rita Pelaggi, Beth Petroni, William Rosenbeck, Michelle Sarofin, Michael Schultz, Lesley Siegel, Susan Smith, Michael Steers, Carla Stover, Laurie Vanderheide, Michael Williams

Screening and
Workforce Development

Policies and
Procedures

Evidence-Based Treatment
Learning Collaboratives

Data, Quality Improvement,
and Evaluation

Work Groups

- **Screening/Workforce Development**
 - Develop system of trauma screening for all DCF children and referral for assessment/treatment
 - Develop trauma-informed workforce
 - Identify methods for addressing secondary traumatic stress in workers
- **Policy/Procedures**
 - Review related DCF policies and make recommendations for making them trauma-informed

Work Groups

- Learning Collaboratives
 - Develop training to expand availability of trauma-focused evidence based treatments for DCF children across state and in DCF facilities
 - Facilitate through Learning Collaborative approach
- Data/QI/Evaluation
 - Identify data requirements to institute trauma screening/referral in DCF and data tracking/feedback for Learning Collaboratives
 - Develop data systems for DCF/Learning Collaboratives
 - Provide support/assistance for evaluation of the grant

Evaluation Components

- **Process evaluation**

- Document implementation and fidelity of program components
- Identify facilitators and barriers to implementation

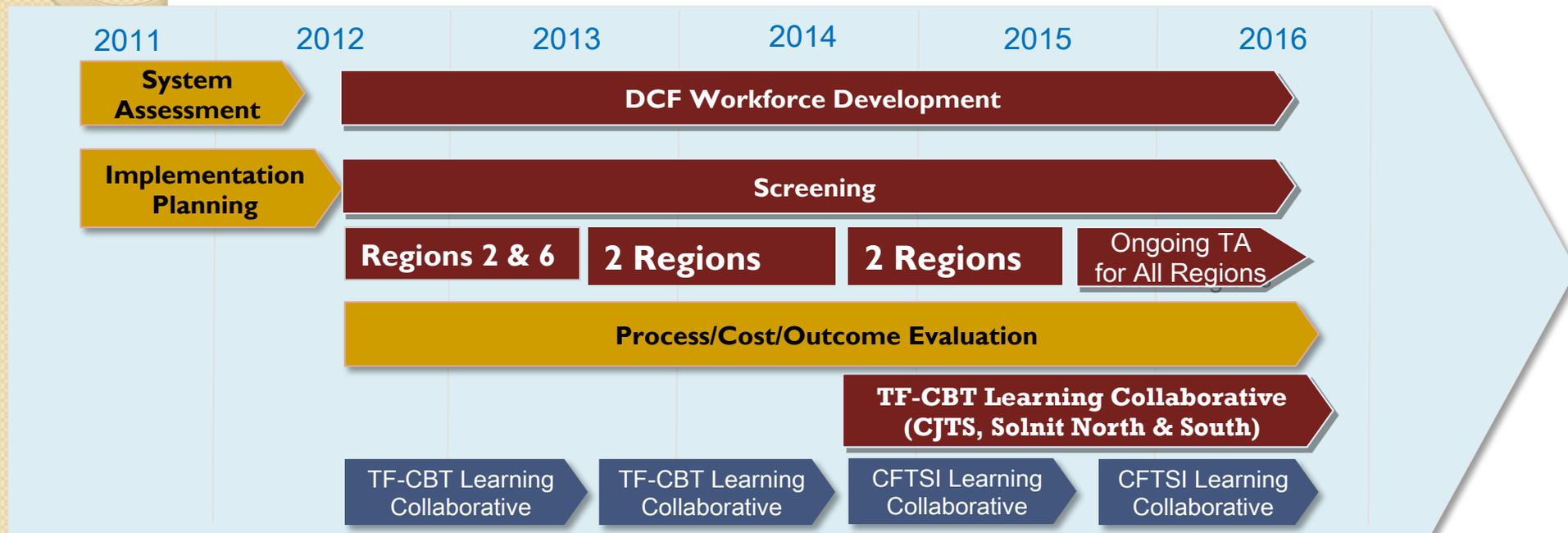
- **Cost evaluation**

- Measure costs associated with CONCEPT program activities

- **Outcome evaluation**

- Assess effects of CONCEPT program activities on planned outcomes at the child, family, agency/provider, and system levels

CONCEPT Timeline



 Assessment, Evaluation, & Planning

 Child Welfare (DCF)

 Community Providers

Challenges

- ⦿ Reorganization and decentralization of DCF
- ⦿ Competing initiatives within DCF
- ⦿ Engaging stakeholders
- ⦿ Time/cost required to implement and sustain EBTs
- ⦿ Collection and integration of data from multiple data sources

Next Steps

- Complete implementation planning
- Train DCF staff – NCTSN Toolkit/Screening
- Initiate universal screening in DCF
- Identify supports for staff experiencing vicarious trauma
- Make recommendations for trauma-informed policies and practices
- Initiate Learning Collaboratives
- Develop data systems for DCF/Learning Collaboratives
- Develop quality assurance procedures
- Complete readiness/capacity evaluation and distribute results